data. Costs and benefits were discounted at 5% per annum as per Hungarian guidelines. **RESULTS:** With reference to the ATTAIN trial, and assuming a treatment duration of 1 year and 10 years time horizon, abatacept was cost-effective compared to MTX, yielding 0.57 additional QALY at an additional cost of 2.03 million HUF with an incremental cost-effectiveness ratio of 3.6 million HUF/QALY based on a societal perspective. From the Hungarian health insurance perspective, the incremental cost-effectiveness ratio was 4.4 million HUF/QALY gained. Compared to cycled anti-TNFs, abatacept was dominant (more effective and overall less costly), with a QALY gain of 0.48 and estimated savings of HUF 731113. From the Hungarian health insurance perspective, the savings were 479 815 HUF. The results are robust to extensive sensitivity analyses. **CONCLUSIONS:** The results of this cost-utility assessment suggest that abatacept is cost-effective compared to MTX and to cycled anti-TNFs in Hungary for the approved indication, and within the usual acceptance cost-effectiveness ranges.

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GOLIMUMAB, A HUMAN ANTI-TNF-ALPHA MONOCLONAL ANTIBODY, SIGNIFICANTLY REDUCES TIME LOST FROM WORK FOR PATIENTS WITH RHEUMATOID ARTHRITIS: POOLED RESULTS FROM THREE PHASE 3 STUDIES

Buchanan J[1], Emery P[2], Keystone EC[3], Smolen J[4], Doyle MK[5], Hsia EC[5], Rahman MU[5], Gathany T[1], Han C[1], Parasuraman S[1]
[1]Johnson and Johnson Pharmaceutical Services, LLC, Malvern, PA, USA, [2]University of Leeds, Leeds, UK, [3]University of Toronto/ Mount Sinai Hospital, Toronto, ON, Canada, [4]Medical University of Vienna, Vienna, Austria, [5]Centocor Research and Development, Inc./ U Penn Medical School, Malvern/ Philadelphia, PA, USA

OBJECTIVES: To evaluate the effect of golimumab (GLM) treatment on time lost from work in rheumatoid arthritis (RA) patients. **METHODS:** The effect of GLM on time lost from work was evaluated in three multicenter, randomized, double-blind, placebo (PBO)-controlled RA studies (GO-BEFORE, GO-FORWARD, and GO-AFTER). Data from patients receiving GLM or PBO with or without methotrexate (MTX) were included. GLM SC injections of 50 mg or 100 mg were administered q4wks. Analyses were pooled to increase the power to detect a difference between treatment groups. Time lost from work was collected through a questionnaire at baseline and q8wks through wk24. Time lost from work was summarized cumulatively through wk16 and wk24 and compared between groups using an ANOVA on van der Waerden normal scores. The analysis was limited to patients <65 years of age and employed full-time at baseline. The proportion of patients reporting no days lost from work in the GLM +/–MTX group compared with PBO +/–MTX was calculated and compared between groups using chi-square test. **RESULTS:** There were significant differences in time lost from work (days) for patients treated with GLM +/–MTX through wk16 and wk24 compared with PBO +/–MTX. At wk24, the PBO +/–MTX group had lost on average 6.9 ± 19.7 days compared with 5.0 ± 19.4 days for the combined GLM +/–MTX group, a difference of 1.9 days ($p = 0.004$). At wk 24, the 75th percentile for the combined GLM +/–MTX group was 1.000 day (range 0–180) compared with 3.000 days (range 0–120) for the PBO +/–MTX group. A significantly higher proportion of patients in the combined GLM +/–MTX group reported no time (days) lost from work compared with PBO +/–MTX (73.1% vs. 60.7%; $p = 0.002$). **CONCLUSIONS:** GLM +/–MTX significantly reduced time lost from work for RA patients compared with PBO +/–MTX. A significantly higher proportion of patients in the GLM group reported no time lost from work compared with PBO +/–MTX.

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PARAMEDICAL OR ALTERNATIVE TREATMENTS AND ASSOCIATED COSTS FOR THE MANAGEMENT OF FIBROMYALGIA IN FRANCE

Maugars Y[1], Lamotte M[2], Van Vlaenderen I[3], Le Lay K[4], Taieb C[4]
[1]Hotel Dieu, Nantes, France, [2]IMS Health, Brussels, Belgium, [3]IMS Health Belgium, Brussels, Belgium, [4]Pierre Fabre, Boulogne, France

OBJECTIVES: To describe the multidisciplinary outpatient management of fibromyalgia and the paramedical resources and alternative treatments used in France, **METHODS:** A French expert panel, involving 33 general practitioners (GP) and 27 rheumatologists, was asked to describe their prescribed paramedical care and other alternative treatments in fibromyalgia patients, by means of a questionnaire covering a period of four years before diagnosis to four plus years after diagnosis, with 1-year intervals. Average reported prescriptions were calculated. Costs were calculated by multiplying prescribed resource use with corresponding French unit costs (€; 2007; societal perspective). **RESULTS:** Paramedical resource use and other alternative treatments increase substantially as from year from four years untill the first year after diagnosis, and slightly decrease in the subsequent years. In the first year after fibromyalgia diagnosis, 20% of the panel prescribes various food supplements in 59% of their patients (average duration varying between 8 and 52 weeks); 93% prescribes physiotherapy in 63% of their patients (average duration of 14 weeks); 57% prescribes thermal baths in 23% of their patients (3 weeks); 55% prescribes acupuncture in 30% of their patients (14 weeks); 48% prescribes chiropractor therapy in 28% of their patients (8 weeks); 55% prescribes relaxation therapy in 24% of patients (17 weeks); 37% prescribes psychoanalysis in 21% of patients (28 weeks); 20% prescribes hypnotherapy in 16% of patients (9 weeks); 8% prescribes biofeedback in 16% of patients (20 weeks). The average cost from a societal perspective is estimated at €387 per patient per year, ranging from €265 before diagnosis (4 year period), over €678 in the year following diagnosis, towards €453 in the period after diagnosis (3 year period). **CONCLUSIONS:** Paramedical and alternative treatment of fibromyalgia represents 387 euros per patient and per year from the societal perspective. Resource use and costs steadily increase till the year following diagnosis and decline afterwards.

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OUTPATIENT MEDICAL MANAGEMENT OF FIBROMYALGIA IN FRANCE COMPARED TO THE UNITED KINGDOM

Maugars Y[1], Lamotte M[2], Van Vlaenderen I[2], Le Lay K[3], Taieb C[3]
[1]Hotel Dieu, Nantes, France, [2]IMS Health, Brussels, Belgium, [3]Pierre Fabre, Boulogne, France

OBJECTIVES: To describe and compare the outpatient medical management of fibromyalgia patients in France and United-Kingdom, **METHODS:** A French expert panel, involving 33 general practitioners (GPs) and 27 rheumatologists, was questioned in 2007 by means of a questionnaire describing the UK prescriptions registered in the General Practice Research Database between January 1998 and March 2003. Participating experts were asked to describe their own clinical practice compared to the UK prescriptions in terms of diagnostic tests, drugs, consultations and referrals. over a period of four years before diagnosis to four plus years after diagnosis using one year intervals. Average reported prescriptions were calculated and compared to the UK data. **RESULTS:** Interviewed experts monitor on average 36 [24–49] fibromyalgia patients, of whom 38% [31–47] for at least 4 years. Their patients have an average age of 48 [47–49] (vs 49 in UK), 86% [84–88] are women (vs 81% in UK). French physicians are 74.4% [73.3–75.6] likely to validate the